



Oregon Veterinary SARS-CoV-2 Test Request Form

SARS-CoV-2 testing of animals must be approved by the Oregon State Veterinarian in consultation with the Oregon State Public Health Veterinarian. Submissions will not be accepted by the Oregon Veterinary Diagnostic Laboratory unless approved.

Additional information is available at <https://oda.direct/COVID19>

VETERINARIAN:			OWNER:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			County:		
Email:			Phone:		
PATIENT NAME:		Species:	DOB:	Sex:	
(Dogs) DA2P Vaccination Date:		Bordetella/Parainfluenza Vaccination Date:			
(Cats) FRCP Vaccination Date:		Primarily Resides:	Inside /	Outside /	Both
<p>HISTORY: Please include vaccination history, clinical presentation, onset and duration of illness, treatments, and diagnostic testing performed to rule out common causes of illness.</p>					
<p>Symptoms (check all that apply)</p> <p> <input type="checkbox"/> Coughing <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dyspnea <input type="checkbox"/> Fever <input type="checkbox"/> Lethargy <input type="checkbox"/> Nasal Discharge <input type="checkbox"/> Ocular Discharge <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Other (specify): </p> <p>_____ Date of COVID-19 diagnosis in household or other confirmed SARS-CoV-2 exposure</p> <p>_____ Date of adoption from rescue/shelter/humane society (if applicable)</p>					
<p>ODA Use Only: Approval: ___Yes ___No Results: OVDL: ___N ___S ___PP NVSL: ___N ___S ___P</p> <p>Comments:</p>					